

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-975)

SERIAL NO.
09/786185
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		1		2
4		10		1		10
5	1		1		1	
6					1	
7						1
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TOTAL IND.	2	1	2	1	3	1
TOTAL DEP.	10		3		6	
TOTAL CLAIMS	12		5		9	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		1		1		1
TOTAL DEP.						
TOTAL CLAIMS		1		1		1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS